

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13730**
Registrar's No. **53-45**

BIRTH NO. APR 27 1953		REG. DIST. NO. 93		PRIMARY REG. DIST. NO. 4153	
1. PLACE OF DEATH a. COUNTY Dade			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dade		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lockwood			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Polk twp.		
d. FULL NAME OF HOSPITAL OR INSTITUTION Lockwood Memorial Hospital			d. STREET ADDRESS (If rural, give location) 14 mi E. of Greenfield		
3. NAME OF DECEASED (Type or Print) a. (First) Isaac		b. (Middle) Denton		c. (Last) Stockton	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH March 5, 1872		9. AGE (In years last birthday) 81		10. IF UNDER 1 YEAR: Months 1 Days 13 Hours 2 Mins. -	
11. BIRTHPLACE (State or foreign country) Dade Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME D. P. Stockton		13b. MOTHER'S MAIDEN NAME Sally Gillmore		14. NAME OF HUSBAND OR WIFE Laura Stockton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mr. Noble Stockton ADDRESS Walnut Grove, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's disease			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 491X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-14- 19 53 , to 4-18- 19 53 , that I last saw the deceased alive on 4-18- 19 53 , and that death occurred at 9:45p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Max Heilbrunn M.D. (Degree or title)		23b. ADDRESS Lockwood, Missouri		23c. DATE SIGNED 4-19-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-21-1953		24c. NAME OF CEMETERY OR CREMATORY Carr's Chapel	
24d. LOCATION (City, town, or county) (State) Dade Co., Missouri					
DATE REC'D BY LOCAL REG. 4-20-53		REGISTRAR'S SIGNATURE J. C. Canada 478		25. FUNERAL DIRECTOR'S SIGNATURE J. C. Canada ADDRESS Greenfield, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 8 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed

J. C. Canada

Licensed Embalmer No.

4196

P. O. Address

Greenfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.